



Dear Caregiver

Thank you for contacting Baltimore City Health Department Division of Aging & CARE Services', National Caregivers Support Program for assistance with your caregiving responsibilities for your love ones.

The Office of Aging & CARE Services is the primary program in the city responsible for advocating for and delivering services to older adults, their family and caregivers in the City of Baltimore.

Enclosed you will find the forms needed to process your request for caregiver assistance. Please complete all forms and return them to our office as soon as possible. Please note that all applications are based on a first come, first served basis and the availability of funds.

The information contained in this application packet is legally privileged and confidential information intended for the use of this application only.

If you have any questions regarding this request or have a need for assistance with other services, please feel free to contact us at (410-396-4932

If you need assistance with your grant application please contact Jazmine Adams or Jose Jimenez at  
**(410) 396-1337.**

Sincerely,

***Jose Jimenez***

Program Administrator

***Helping Older Adults Live Better In Baltimore...One Day at a Time***



## **Family Caregiver's Grant Requirements**

The National Family Caregivers Support Program is available to people age 60 or older with no limits on income or assets. The program provides **non-emergency and non-expedited** financial assistance to caregivers to pay for respite or supplemental services. Monies may be paid directly to the caregiver or to the care recipient. The funds can be used to hire providers for respite services or to reimburse you for out-of-pocket expenses related to your role as a caregiver.

Currently assistance is limited to **\$300 per caregiver annually (from date of processing)**. This assistance is subjected to availability of funds.

**The categories of caregivers who can take advantage of these services are:**

- **Caregivers who are providing care to someone age 60 or older.** The care recipient must require assistance with at least two activities of daily living (ADL's). A medical doctor or medical practitioner must verify the care recipient's condition and indicate what ADL's the care recipient needs assistance with by completing the **Medical Status Verification Form**. The caregiver, whom is providing assistance to care recipients 60 or older, must be at least 18 years old. The caregiver and the care recipient do not have to be blood relatives.
- **Grandparent or relative caregivers.** Grandparents or relative caregivers who are providing care to children that are 18 years old and younger. (*Consideration for assistance will be made on a case by case basis for grandparents age 55-59 years of age.*) Caregivers of children 18 years of age or younger **do not** have to provide a completed medical verification form. **Verification of custody or 95% support is required.**

### **Geographic requirements:**

- **The care recipient must be a Baltimore City resident**
- **It is not required that the caregiver and the care recipient live in the same household. The geographic distance between the caregiver and the care recipient cannot exceed a 60 mile radius. If the caregiver and the care recipient do not live in the same household, a notarized letter must be provided stating the name of the primary caregiver.**

**How to apply:** Call NFCSP at **410-396-1337** to obtain your application package. Complete the Family Caregiver Grant Request and submit copies of receipts, invoices or bills to accompany your reason for request. The care recipient's primary care physician must complete the **Medical Status Verification Form**. The payee must complete a **W-9** form before the request can be processed and the payment disbursed. A **copy of a Maryland State ID** or a picture ID that verifies your age and a copy of your **unaltered social security card** must accompany all other requested paper work, for both the caregiver and the care recipient. Processing time may take **90 -180+ days**.

**Please forward all information to:**

**BALTIMORE CITY HEALTH DEPARTMENT, Division of AGING & CARE SERVICES  
NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM  
417 EAST FAYETTE STREET, 6<sup>TH</sup> Floor  
BALTIMORE, MARYLAND 21202**



## **NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

### *Family Caregiver Grant Request*

Date Received: \_\_\_\_\_

Date processed: \_\_\_\_\_

#### **CAREGIVER RECIPIENT INFORMATION:**

Care Recipient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Zip code: \_\_\_\_\_ SS# \_\_\_\_\_

Reason for Request: Be specific \_\_\_\_\_

Total Amount Requested \$ \_\_\_\_\_ (maximum \$300.00)

#### **PAYEE INFORMATION** ( *Person check will be made out to:* )

Payee's Name: \_\_\_\_\_

Payee's Address: \_\_\_\_\_

Payee's Contact #: \_\_\_\_\_

#### **CAREGIVER STATISTIC:**

Caregiver's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: M or F \_\_\_\_\_ SS#: \_\_\_\_\_ Is Caregiver a Grandparent? Yes \_\_\_ No \_\_\_

What is the Caregiver's Relationship to the Client? \_\_\_\_\_

What is the Caregiver's race? \_\_\_\_\_ African American \_\_\_\_\_ Hispanic Origin  
\_\_\_\_\_ American Indian/Native Alaskan  
\_\_\_\_\_ Asian American/ Pacific Islander  
\_\_\_\_\_ Caucasian \_\_\_\_\_ Other

Are you a paid caregiver? Yes \_\_\_\_\_ No \_\_\_\_\_

Caregiver's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Caregiver's Telephone #: \_\_\_\_\_

Form Completed By: \_\_\_\_\_



Date: \_\_\_\_\_

**To Whom It May Concern:**

**Medical Status Verification Form**

Doctor's Name .....

Address.....

.....

Telephone.....

Client's Name.....

Address:.....

Tel:.....

**Statement of Medical Condition**

Please state the medical condition of the above named individual. This form must be completed by a medical doctor

.....  
.....  
.....  
.....

Activities of Daily Living (ADL's) assistance: (REQUIRED)

.....  
.....

MD Signature..... Title:..... Date:.....

**If you have any questions regarding this request, please contact M. Jazmine Adams at 410-396-1337.**

Thank you,

**Baltimore City Health Department, Division of Aging and CARE Services  
National Family Caregiver Support Program  
417 East Fayette Street, 6<sup>th</sup> Floor  
Baltimore, Maryland 21202**



THE FOLLOWING ITEMS MUST BE SENT WITH THE COMPLETED APPLICATION:

- \_\_\_\_\_ W-9 form. The W-9 form is to be completed by the payee listed on the application
- \_\_\_\_\_ Receipts/invoices/bills. Please send in receipts or bills for what you have purchased or professional estimates for what you plan to purchase. Receipts for food are not acceptable unless it is for nutritional supplements. Example: Boost, Ensure, etc.
- \_\_\_\_\_ Medical status verification form completed by a medical doctor (**ADL's must be listed**)
- \_\_\_\_\_ A copy of a photo identification card and the social security card for both the caregiver and the care recipient.

**PLEASE DO NOT FAX APPLICATION PACKET OR REQUIRED DOCUMENTS. FAXED APPLICATIONS WILL NOT BE ACCEPTED. PLEASE MAIL APPLICATION TO THE CAREGIVER PROGRAM AT THE ABOVE ADDRESS**

**If you need additional information, please contact M. Jazmine Adams at 410-396-1337**

Jose Jimenez  
Program Administrator  
National Family Caregiver Support Program

*Helping Older Adults Live Better In Baltimore...One Day at a Time*



## **EXAMPLES OF ACCEPTABLE REIMBURSEMENTS OR REQUESTS**

- Medical cost
  - Prescription/Over the Counter Medication
  - Doctor/ hospital bills
  - Medical supplies (diapers, gloves, syringes, etc.)
- Household Repairs
- Household Bills (please note we will not provide financial assistance if you have a turn off notice or if the amount due is 2-3x's greater than the grant amount)
- Clothing for care recipient or caregiver
- Nutritional Supplement
  - Glucerna
  - Ensure
  - Boost
  - Suppligen
- Bedding
  - Mattresses
  - Bed Frame
  - Mattress Cover
- Household Appliances
  - Washer
  - Dryer
  - Stove
  - Refrigerator
  - Microwave
  - Television
  - Etc.
- Housing Cost
  - Rent
  - Mortgage
- School Supplies
- Cleaning Supplies
- Respite
  - Adult/child day care cost
  - Summer camp fees
  - After school programs
  - Outside provider reimbursement

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.